



## **KANSAS DEPARTMENT OF HEALTH & ENVIRONMENT**

### **PROCEDURE FOR CONDUCTING A CASING PRESSURE TEST FOR UNDERGROUND HYDROCARBON STORAGE WELLS**

#### **Procedure #: UICLPG-15 (12/03)**

##### Narrative:

The Kansas Department of Health and Environment (KDHE) will witness casing pressure tests performed by facilities as time and workload permit. The KDHE may not be available to witness all casing pressure tests. The following procedure outlines the protocol for conducting a casing pressure test if KDHE personnel are not present at the site.

##### Procedure:

1. Submit a test procedure plan and schedule to KDHE at least 30 days prior to test commencement.
2. Do not commence testing without approval for the test procedure plan and schedule from KDHE.
3. Notify KDHE at least five days before conducting the test.
4. If KDHE cannot witness the test, complete and submit the test form furnished by KDHE (Attachment I).
5. Attach certificates of calibration for the test instruments.
  - a. If the gauge and recorder are separate instruments:
    - i. Attach the certificate of calibration for the test gauge with the test form. The range for the test gauge should be 0 – 600 psi. The gauge's calibration accuracy must be within the manufacturer's specifications.
    - ii. Attach pressure data from a pressure recorder for the test time interval with the form. The pressure recorder must be capable of continuously recording the pressure and displaying pressure data. The recorder shall be checked for calibration accuracy with N.I.S.T. traceable equipment.
  - b. If one instrument is used for both the gauge and the pressure-recording (Spartek System, etc):
    - i. Attach the certificate of calibration and the certificate of conformance
    - ii. Attach pressure data for the test time interval.
6. Obtain approval for the casing pressure test from KDHE before proceeding with well plugging/workover activities. The form and required attachments may be faxed to KDHE for approval.



**KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT  
PRESSURE MECHANICAL INTEGRITY TEST REPORT  
FOR UNDERGROUND HYDROCARBON STORAGE WELL**

**WELL IDENTIFICATION**

Test Date:	Well #:	Permit #:
, , Sec. , T S, R E/W		County:
Owner/Operator:		Contact Person:
Address:		Phone:

**MECHANICAL INTEGRITY TEST FIELD DATA**

Type of liquid pressurized:				
Method used to pressurize:				
Minimum required surface test pressure (psig):				
Time (24 Hr) Start:	Time:	Time:	Time:	Time Ended:
Pressures (psig):				
Amount of Pressure Loss/Gain (psig):		Percentage of Pressure Loss/Gain %:		
Tested: Casing/Injection Tubing Annulus				
The bottom of the tested interval is shut-in with set at				

**TEST GAUGE DATA**

Demonstration test gauge functioning:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Demonstration total hydraulic test:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Serial number or number of test gauge and/or recording instrument:				
Calibration of test gauge and/or recording instrument provided: Yes <input type="checkbox"/> No <input type="checkbox"/>				

**MECHANICAL INTEGRITY TEST RESULTS**

The test results were:	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Not Satisfactory
Witness:	Title :	Company:
Remarks:		